



Volunteer Agreement and Release From Liability

1. I, _____ (PRINT NAME), agree to work for Positive Community Kitchen as a volunteer.
2. As a volunteer, I understand that I control the dates and times when I do work and that Positive Community Kitchen is not responsible for scheduling my volunteer work. I also understand that I will not be compensated for any time spent volunteering, nor am I entitled to benefits, including employment insurance benefits upon the termination of this agreement or as a result of this service.
3. I am aware that participation as a volunteer may require periods of standing, lifting and carrying up to 40 pounds and will require the exercise of reasonable care to avoid injury. I am voluntarily participating in this activity with the knowledge of the hazards and potential dangers involved, and agree to accept any and all risks of personal injury or damage.
4. As consideration for volunteering for Positive Community Kitchen, I hereby agree that I, and my assignees, heirs, guardians, and legal representatives, will not make a claim against or sue Positive Community Kitchen or its employees, agents or contractors for injury or damage resulting from the negligence, whether active or passive, or other acts, however caused, by any of its officers, employees agents, or contractors of Positive Community Kitchen as a result of my volunteering. I HEREBY RELEASE AND DISCHARGE Positive Community Kitchen AND ITS OFFICERS, EMPLOYEES, AGENTS AND CONTRACTORS FROM ALL ACTIONS, CLAIMS, OR DEMANDS THAT I, MY HEIRS, GUARDIANS, AND LEGAL REPRESENTATIVES NOW HAVE, OR MAY HAVE IN THE FUTURE, FOR INJURY OR DAMAGE RESULTING FROM MY PARTICIPATION IN THE PROJECT.
5. I UNDERSTAND THAT IF I AM INJURED IN THE COURSE OF THE PROJECT, I AM NOT COVERED BY Positive Community Kitchen WORKERS' COMPENSATION PACKAGE. I authorize Positive Community Kitchen to seek emergency medical treatment on my behalf in case of injury, accident or illness to me arising from my involvement as a volunteer. I understand that I will be responsible for medical costs incurred by such accident, illness or injury.
6. I understand that the materials and tools provided by Positive Community Kitchen are and remain the property of Positive Community Kitchen, and I agree to return these tools and any remaining materials to Positive Community Kitchen at the end of my volunteer service.
7. I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, AND SIGN IT OF MY OWN FREE WILL.

DATE VOLUNTEER SIGNATURE PRINTED NAME

DATE POSITIVE COMMUNITY KITCHEN REPRESENTATIVE SIGNATURE PRINTED NAME

If a volunteer is under 18 years of age, parent or guardian must read and sign. This release, its significance, and assumption of risk have been explained to and are understood by the minor and the guardian.

DATE PARENT OR GUARDIAN SIGNATURE PRINTED NAME



Photo Release Form

Positive Community Kitchen
PO Box 11513
Eugene, OR 97440

Permission to Use Photographs

In order to promote education in healthful living, Positive Community Cures dba Positive Community Kitchen will be taking photographs during our cooking sessions and other events to post them on social media sites like Facebook and for use in marketing brochures and pamphlets.

I grant to Positive Community Cures dba Positive Community Kitchen, its representatives and employees the right to take photographs of me and my property in connection with the above-identified subject. I authorize Positive Community Cures dba Positive Community Kitchen its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Positive Community Cures dba Positive Community Kitchen may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature

Printed name

Organization Name (if applicable)

Date

Signature of Parent (if minor)

Printed name